

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION OF SERVICES  
(FORM MRCP 120.020-1) PRINT OR TYPE ONLY**

1. Registrant Enter the required information for the person (individual, corporation, firm etc.) applying for registration of services.

**RADIATION SAFETY RESPONSIBLE INDIVIDUAL:** Responsible for oversight of the actions of personnel performing duties involving radiation /radioactive materials for the registrant. Oversight of these individuals is commensurate with the risk of the task. It may include DIRECT Supervision –directly observes the trainee performing the task until the trainee has completed training and demonstrated proficiency to work independently and designated as qualified.

**QUALIFICATIONS:**

On a separate sheet document the training and experience which qualify the **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** to discharge the services for which you are applying for registration. Include documentation to support designation as **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** (ex: Diploma, Certification, and Training Documentation).

2. Application Area for Registration Check the item or items which describe the service(s) provided. If item d is checked, specify the nature of the services provided:

- (2a) Shielding Design
- (2b) Diagnostic Radiology(ex. mammo)
- (2c) Therapy Medical Physics
- (2d) Mammography Medical Physics

3. Dates of Establishment Enter the dates as specified on the application form.
4. Qualified Individuals

**QUALIFICATIONS:**

On a separate sheet describe the training and experience which qualify the **QUALIFYING INDIVIDUAL/S** to discharge the services for which you are applying for registration. If a number of individuals are employed to provide these services, specify your training and experience requirements for employment, **Attach SIGNED Training Certificates.**

Signature of RADIATION SAFETY RESPONSIBLE  
INDIVIDUAL

Signature of Registrant

The person who owns or possesses and administratively controls the service, or his legal representative, must sign the application.



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

Schrafft Center, Suite 1M2A

529 Main Street, Charlestown, MA 02129

Phone: 617-242-3035 Fax: 617-242-3457

[www.mass.gov/dph/rcp](http://www.mass.gov/dph/rcp)

MARYLOU SUDDERS  
Secretary

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## REGISTRATION OF SERVICES APPLICATION FORM

Name: \_\_\_\_\_

Email : \_\_\_\_\_

Telephone: \_\_\_\_\_

### MAILING ADDRESS:

Street/ PO Box: \_\_\_\_\_

State: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### APPLICATION AREA FOR REGISTRATION: (Check appropriate item(s))

- a. ☐ Installation and/or servicing of x-ray equipment
- b. ☐ Calibration of radiation measurement equipment
- c. ☐ Personnel dosimetry services
- d. ☐ Health Physics services(Circle one or more): (2a,2b,2c,2d)
- e. ☐ Other (specify): \_\_\_\_\_

- |                                      |
|--------------------------------------|
| (2a) Shielding Design                |
| (2b) Diagnostic Radiology(ex. mammo) |
| (2c) Therapy Medical Physics         |
| (2d) Mammography Medical Physics     |

DATE SERVICES ESTABLISHED IN MASSACHUSETTS: \_\_\_\_\_

### QUALIFIED INDIVIDUALS:

☐ LIST OF INDIVIDUALS AND THEIR QUALIFICATION DOCUMENTATION ATTACHED

On a separate sheet describe the training and experience which qualify the **QUALIFYING INDIVIDUAL/S** to discharge the services for which you are applying for registration. If a number of individuals are employed to provide these services, specify your training and experience requirements for employment, **Attach SIGNED Training Certificates.**

### MINIMUM EDUCATION AND TRAINING FOR PERSONS PERFORMING X-RAY OR RADIATION MACHINE ASSEMBLY, INSTALLATION OR REPAIR

All persons performing radiation machine assembly, installation or repair shall meet the general requirements in subparagraph 1.

1.General requirements include:

- (a) Formal training (may be satisfied by factory school, military technical training school, or other courses in radiation machine assembly, installation or repair techniques) providing familiarity with the type(s) of equipment to be serviced, to include radiation safety;
- (b) Knowledge of protective measures to reduce potentially hazardous conditions; and
- (c) Six months of supervised assembly and repair of the type(s) of equipment to be serviced.

**RADIATION SAFETY RESPONSIBLE INDIVIDUAL:**

☐ **RADIATION SAFETY RESPONSIBLE INDIVIDUAL QUALIFICATION DOCUMENTATION ATTACHED**

On a separate sheet document the training and experience which qualify the **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** to discharge the services for which you are applying for registration. Include documentation to support designation as RADIATION SAFETY RESPONSIBLE INDIVIDUAL (ex: Diploma, Certification, and Training Documentation).

The **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** is responsible for oversight of the actions of personnel performing duties involving radiation /radioactive materials for the registrant. Oversight of these individuals is commensurate with the risk of the task.

☐ **I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PERTINENT SECTIONS OF 105 CMR 120.000: TO CONTROL THE RADIATION HAZARDS OF RADIOACTIVE MATERIAL AND OF MACHINES WHICH EMIT IONIZING RADIATION.**

**RADIATION SAFETY RESPONSIBLE INDIVIDUAL SIGNATURE:** \_\_\_\_\_

**NAME (LAST, FIRST):** \_\_\_\_\_ **(PRINT)**     **DATE:** \_\_\_\_\_

☐ **I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.**

**REGISTRANT SIGNATURE:** \_\_\_\_\_

**NAME (LAST, FIRST):** \_\_\_\_\_ **(PRINT)**     **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**YOU MUST ENSURE YOU SUBMIT THE FOLLOWING:**

- ☐ **Submit completed application**
- ☐ **Submit List of QUALIFIED INDIVIDUALS and qualification documentation for each**
- ☐ **Submit RADIATION SAFETY RESPONSIBLE INDIVIDUAL qualification documentation**
- ☐ **Submit check or money order payable to the Commonwealth of Massachusetts for \$ 150.00**

**If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to [RadiationControl@massmail.state.ma.us](mailto:RadiationControl@massmail.state.ma.us)**

**ADDITIONAL INFORMATION MAY BE FOUND AT**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/registration/>

FOR AGENCY USE ONLY

**RESTRICTING CONDITION(S)**

☐ **N/A IF NONE**

**DESCRIBE:**

AGENCY REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_